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ORIGINAL DEPARTMENT.

LECTURE.

ON DISEASES OF CHILDREN.

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Delivered at the College of Physicians and Surgeons, New York.

Reported expressly for the MEDICAL AND SURGICAL REPORTER.

Acute Meningitis, Followed by Erysipelas, in a Rachitical Child. Recovery.

GENTLEMEN:—This child has been kindly sent to me by some of the gentlemen connected with the New York Dispensary, and it is a case of great interest, not so much from any symptoms which it now presents, as on account of the history which is given of it. It is now seventeen months old, and about a month ago it had an acute attack, which, from the description of the physicians who saw it at the time, I think there can be but little doubt, was really one of meningitis. There was considerable febrile reaction, and the ordinary head symptoms and venous phenomena met with in this affection, except that there appear to have been no convulsions whatever, which is certainly quite remarkable in a child of this character. In these rachitical cases acute meningitis, with fever, is comparatively rare, though, as you are aware, there is a form of meningeal trouble which is quite frequently met with in them. This is simply a serous effusion, and it is not characterized by any appreciable elevation of temperature. While the child was recovering from this it was seized with what would seem to have been a

well-defined attack of erysipelas, which, beginning about the face, afterward spread down upon the thorax, and also involved both hands and both feet. The extending line of redness was particularly distinct upon the front of the chest, and the affection in the extremities was characterized by very marked oedema, a portion of which still remains, as you perceive. You will notice the desquamation of cuticle upon the hands and feet, following it.

Fortunately, the little patient has survived both of these very serious troubles; a result which I think is due, to a large extent at least, to the skill with which it was treated. At present its temperature is entirely normal, and although it cries a great deal, as you notice, I do not attach any special significance to this fact; but think it is to be attributed simply to a general sense of discomfort from which it seems to be suffering. What remains now to be done is merely to combat the general rachitical condition, which is very marked in this child. One is at once struck with the prominent forehead and the square shape of the head, and on making an examination, we find that the fontanelle is still widely open, measuring nearly two inches in its longitudinal diameter, and perhaps an inch and a half in the transverse. There is also considerable enlargement of the epiphyses, both at the wrists and ankles. The child has, as yet, made no attempt to walk, and its legs are seen to be very weak and puny-looking. Another point of great importance is, that it has, as yet, no teeth whatever; and in connection with this fact we learn that it is still at the breast, the mother's milk having always been almost its sole nourishment.

Now, when a mother has been nursing her child for seventeen months, and the infant cannot boast of a single tooth, we may be pretty sure that the woman's milk is utterly worthless. Here the mother tells me that the child's passages are almost always green, and contain something that looks like curds; which shows that a little casein is about all that is supplied to it in the way of nourishment. The first and most important point in the anti-rachitical treatment, in this case is, then, to wean the child at once. In place of the breast milk it should have good cow's milk, and in connection with this a proper quantity of oatmeal gruel, as its bowels are, at present, inclined to be costive. Should the constipation resist this, it should have injections from time to time, and later on in the summer, if any tendency to diarrhoea appears, barley or rice water ought to be substituted for the oatmeal gruel. In addition, it might have the white of an egg, raw, every day, and a little beef juice occasionally. It is, unfortunately, still the custom of many practitioners to order beef tea for their patients; but as ordinarily prepared, it is really scarcely anything more than a concentrated preparation of salt, all the nutritious parts of the meat, having been taken away from it. In summer it is very apt to produce diarrhoea, especially in children, and if given to those already suffering from diarrhoea, it is sure to make it a great deal worse. In the way of medicines we might give either the syrup of the iodide of iron or the hypophosphites. The child has some cough; but it is nothing more than the ordinary bronchial catarrh so frequently met with in rachitical children, and due, primarily, to the enlargement of the bronchial glands. At present it does not call for treatment.

Large Abscess of the Side of the Face in a Young Infant.

This child, of five months, has had a lump on its face, according to the mother's account, for about seven weeks, and during that time it has been growing larger. It commenced in front of the right ear, and now extends not only behind the ear but almost over the entire side of the face. The eyelids do not seem to be oedematous now (though they look quite red), but sometimes they are so swollen, the mother says, that the eyes can scarcely be opened. In front of the ear the mass is quite firm, but I think I can get a sense of fluctuation in it.

This is not positive, however; but behind the ear there can be no doubt about fluctuation being very distinct. There is, therefore, but one thing to be done now, and that is to give vent to the pus that is confined in the abscess as promptly as possible. Having now made an incision behind the ear, a considerable amount of pus flows from it, and I find that I can pass a probe forward into the abscess for a distance of nearly three inches. The indication for the present is to keep this opening free, and to wash out the sac with a disinfective injection several times a day. For the latter purpose a solution of carbolic acid, of the strength of one per cent., I think, will be the best. The woman tells me that since the trouble commenced, seven weeks ago, she has had the child to several physicians; and yet none of them have actively interfered in the case. It is a disgrace to the profession that an abscess of this kind should have been allowed to go on for seven weeks without being opened, for now there is no telling to how great an extent the bones of the face may be involved; and very serious trouble is to be apprehended in the future, should the child be fortunate enough to escape with its life.

Idiopathic Purpura.

The next patient is a little girl, of four years, who, about three weeks ago, had an attack of nausea and vomiting, followed by some little fever, after which it was noticed that numerous spots came out upon her skin, principally about the legs. These spots still continue, and you will notice that the lower extremities are quite covered with them; while there are also a few upon the lower part of the back and upon the arms. There is no itching in connection with them, and the child's general health seems to be quite good. When we make firm pressure in the vicinity of any of them (thus interfering with the circulation of the part), it is found that they do not disappear or become of a paler color; and there can be no doubt, therefore, that they are really due to capillary hemorrhage.

This is, no doubt, a case of what is known as idiopathic purpura. Such hemorrhages under the skin may be due to three causes.

First. Obstruction in the circulation, as, for instance, from organic disease of the heart. When this is the case, these are more apt to occur in the extremities, as here; though a

much more common result of such obstruction is oedema of the extremities.

Second. A poorness in the quality of the blood itself, favoring its escape from the capillaries.

Third. An imperfect development, or a degeneration of the blood vessels themselves. This is the explanation of the hemorrhages seen in the condition known as hæmophilia, and is, I think, the cause of the trouble in the present case. The hemorrhages we sometimes meet with in the new-born (as, for instance, from the stump of the umbilical cord) are due to a temporary condition of fatty degeneration of the vessels.

On an examination of the child's heart, I detect a slight murmur indicating mitral regurgitation, and in this fact, I think, is found the explanation of the purpuric spots being present only in parts remote from the heart (on account of the obstruction of the circulation); but still I do not doubt that the hemorrhages themselves are really due to the condition of the blood-vessels. Such little hemorrhages as these are dangerous only when they occur about the brain. For the present, this child should be kept quiet, and should have about ten drops of aromatic sulphuric acid every two hours, in a wineglassful of water, in addition to the most nourishing food. Later, she should have plenty of exercise in the open air, and should be put on rather a prolonged course of ergotin and quinine.

Cyst of the Tongue.

About six weeks ago this boy discovered a lump under his tongue, near its extremity, and since then it has been steadily growing larger, until it now causes him great inconvenience. From its appearance, I should say that this growth was a cyst containing serum, and I have no doubt that it has really been much longer than six weeks in process of development. Such cysts are much more frequently found near the root of tongue than in the situation occupied by this one, and they are then known as ranulæ. They may be due either to hemorrhage in the lower portion of the tongue, or to an abnormal development of one of the muciparous follicles. The treatment is very simple here. The cyst might be at once evacuated by means of a single free incision; but I think the better plan is to run a ligature through it from side to side, and let it cut its way out; as it has

the advantage of setting up a certain amount of adhesive inflammation between the walls of the sac.

Disease of the Heart Producing Hepatic Congestion; Probable Encephalitis in Addition.

This boy, eight years of age, complains of a pain in his stomach, which he says he has had ever since last summer. On closer inquiry we find, however, that this pain is not at all constant, and, in fact, that it seldom seems to trouble him except when he takes pretty violent exercise, as, for instance, when he is running. It is located in the epigastrium, in the median line, and, consequently, about the region of the stomach and the left lobe of the liver. That it is not associated with the former organ, seems evident, from the fact that the ingestion of food is not followed by pain, and that he has no vomiting or other symptoms of gastric trouble. Let us, then, turn our attention to the liver. The boy says that when he runs he often has to stop short, on account of sudden pain coming on in the region mentioned. Now, is there any condition of the liver that would give rise to such a symptom as this? Yes, congestion, and this hyperæmia would probably not be confined to the organ itself, but also extend to the peritoneum covering it. There is, and has been, no jaundice in this case, as far as I am able to ascertain, and therefore, we cannot assume that it is due to any obstruction of the bile ducts. We must look further for an explanation of the trouble, and that is, to disease of the heart or of the lungs, both of which are capable of producing it.

On auscultation of the heart we find that there is a mitral, regurgitant murmur, and that, as a murmur is heard with almost equal distinctness at the base as well as at the apex, (and moreover is transmitted, though very feebly, along the carotids), there is also, probably, aortic disease. There seems to be some little hypertrophy of the left ventricle, though the area of dullness over the cardiac region is not materially increased. One very marked feature about this case is the peculiar slowness of the pulse. A short time ago, when the boy was under some excitement, there were only sixty-eight beats to the minute, and now there are but sixty. In order to get at an explanation of this, let us ask ourselves what it is that controls the pulse. The pneumogastric and sympathetic nerves on the one hand, and the con-

dition of the muscular walls of the heart on the other. In any case like this, therefore, where there is a departure from the normal standard, we must turn to the heart itself, or the innervation of the heart. If the organ were weakened by fatty degeneration, or in any other way, it would show itself by contracting more slowly than in health. In general debility of the system, however, without special weakness of the heart-walls, the pulse, as is well known, is increased in rapidity. But if no trouble was found with the heart itself, we should have to look to its innervation. Now the pneumogastric inhibits the action of the heart, and whatever affects the one will indirectly interfere with the other. One of the most frequent causes of increased action on the part of the pneumogastric (thus exalting its inhibitory function, and producing fewer contractions of the heart), is the beginning of brain disease. In the later stages this power is lost, and so, whenever, in tubercular meningitis, we find the pulse and the temperature steadily increasing, we may be sure that a couple of days, or two and a half days, at most, will bring a fatal termination of the case.

In the present instance there has been no headache, vomiting, or other symptom of commencing cerebral trouble, but it is worth while to note a fact which has not yet been mentioned in connection with the case, yet which may be of importance, and that is, the boy has had, from infancy, a discharge from his right ear. Whenever there is this long-continued disease of the ear, it is very apt to lead to serious brain trouble. By testing with a watch, I find that this patient is very deaf in his right ear, a fact of which he was quite unaware before; and though I have no facilities for making a satisfactory examination here, I have no doubt the membrana tympani has long since been destroyed.

Let us inquire, then, if there can be any connection between the ear disease and the slow pulse which is here found. I hear it suggested that there may be some pachymeningitis present. Yes, possibly; but it is much more probable that there is encephalitis, since this is a far more common result of such trouble. If meningitis had been present, it would have produced more decided symptoms, and the patient either have died or the disease have run its course before this. It is not uncommon for abscess of the brain to continue for a number of years without destroying life. Some years ago

I saw a man in Ludlow street jail who died from such an abscess, and yet its presence had never been even suspected; and there is another case on record (where the patient died from the same cause), in which the abscess was known to have originated more than twenty years before death.

The treatment here will consist, in the first place, of cold applications to the liver, in order to relieve the existing congestion; fresh cloths wrung out of cold water being placed over the hepatic region about every half hour. In order to strengthen the heart's action, the patient should take digitalis (three grains, three times a day), and this will afford us a test by which we can judge whether the slowness of the pulse depends upon the weakness of the heart. Ordinarily, the effect of this remedy is to diminish the frequency of the pulse; but here (if the heart is enfeebled), it will increase the number of its contractions. But, nevertheless, whether the slow pulse depends on the weakness of the heart or not, I cannot but regard this boy as in more danger from his brain than his heart, and I would, therefore, advise that he should be most carefully watched for the appearance of symptoms of trouble in that organ.

Infantile Erythema.

The baby I now show you is the first child of the mother, and is four months old. When three weeks old it was noticed that an eruption was breaking out upon the lower part of the body, and this has continued ever since, apparently growing worse instead of better. For two weeks after birth the child was nursed at the breast, but since that time it has been artificially fed; its diet consisting, at different times, of milk, barley, farina, crackers and other articles. Its bowels have usually been costive.

On making an examination of the infant, we find that the groins, the inner surface of the thighs almost as far down as the knees, the genitals, and a considerable portion of the buttocks, are covered with a bright red eruption. The surface of the skin over which it extends seems quite rough, and at the first glance we are inclined to call it eczema; but on a more careful examination of the parts it is found that the roughness is in reality due to some salve which has been applied here. The mother states that there has never been any oozing of moisture from the rash, and as no sign of any

vesicles can be detected in any portion of it, eczema is to be excluded in this case. In many similar instances, however, we find the eruption of a mixed character, and that eczema really is present in connection with the erythema. The cause of such a dermatitis as this is, primarily, a malnutrition of the skin (which, in the great majority of instances, arises from malnutrition of the system in general), and, secondarily (the exciting cause), the friction of two surfaces rubbing together, as, for instance, in the groins, and the irritating effect of the urine and feces upon the skin.

The treatment here will consist, in the first place, of the regulation of the child's diet, so that it shall have only such food as will nourish it best and can be easily digested. I would recommend that, for a week or two, at least, it should be given barley water and milk, in the proportion of three parts of the former to one part of the latter. Afterward the proportion of milk may be increased as the child seems to require. In addition, it might have the half of the white of an egg, raw, with each bottle of milk and water. Locally, I propose to employ diachylin ointment, diluted with about four times the ordinary quantity of oil; and we must charge the mother to avoid the use of water as much as possible, and soap and water entirely, upon the parts. In acute or subacute inflammation of the skin, we must be very careful not to make any sort of an application that will produce irritation. Soap, therefore, is highly injurious in a case like this, for the potassa which it contains has the power of destroying the very young cells which are constantly in process of development in such a condition of the cutaneous surface as is here present. Water also acts as an irritant to such an inflamed surface. If cold water were applied here, in a few minutes you would find that there was a marked increase of redness over the whole extent of the eruption, and warm water, though, perhaps, not quite so irritating, is scarcely less injurious.

—The last number of the *Archiv der Klin. Medicin* contains a notice of the death of Dr. C. Bartels, of Kiel. Professor Bartels made an especial study of renal diseases, and in America he will probably be best known by the volume on the kidney, in Ziemssen's "Cyclopedia of Medicine," and by an excellent lecture on the Diffuse Inflammations of the Kidney, in Volkmann's *Sammlung klinischer Vorträge*.

COMMUNICATIONS.

THE TREATMENT OF YELLOW FEVER.

[We are indebted, for the following article, to Dr. J. B. C. Gazzo, of La Fourche, La. It is translated from the French of the Rev. C. M. Menard, and appears of sufficient value to merit reproduction.—ED. REPORTER.]

In 1853 yellow fever appeared in Thibodaux. The first case was on the 17th of August. Soon after that date the disease spread throughout the town and suburbs. Seven or eight days after the appearance of the disease I became convinced that the course of treatment followed by Dr. Chérot, an old physician recently arrived from Martinique, was the most efficacious. I had occasion every day to see the sick who were visited by Dr. Chérot, and I can affirm, from personal observations and by memorandum taken at the time, that Dr. Chérot attended 414 cases; of these twenty-seven died, fourteen of them having been attended by other physicians previous to being seen by Dr. Chérot. The remaining thirteen died from want of proper nursing, changing the course of treatment, or relapse brought on by imprudence. At one time all the physicians (Dr. Chérot among the number) were sick. The people treated each other after Dr. Chérot's method, and I myself was, in a manner, forced to attend to fifty-four cases—seven of them with black vomit. I followed Dr. Chérot's treatment to the letter, and saved the fifty four cases.

I.—FIRST TREATMENT.

Put the patient in bed; cover him well up to the neck; keep apartment closed. Without any delay, give patient a hot foot bath, strong with mustard, and leave feet in bath from eight to ten minutes; friction limbs, being particular not to let fresh air come in contact with patient; give two or three cups of elder-leaf tea, to produce perspiration; if convenient, place hot bricks, or bottles of hot water, around patient's legs. Apply mustard to feet for about one quarter of an hour. Be very particular and not let patient uncover; this is all-important. As soon as possible, give patient lemonade every twenty minutes. The lemonade is made as follows: Two sour oranges (lemons will answer); peel, remove outer skin as much as possible, remove seeds, and boil six to ten

minutes; let cool; sweeten, if desired, and administer. It is important to give this lemonade.

II.—DURING PERSPIRATION.

One hour after patient has taken to bed give clysters every three hours, followed by a foot bath without mustard. The clysters are prepared of mauve or gombo leaves, or of flaxseed in small quantity. This treatment is kept up until the fever has subsided. Always be careful that patient is not exposed to air while perspiring. Continue to cause perspiration during four hours, and all the while give the above lemonade every twenty minutes for the first six hours, and then every thirty or forty minutes.

The patient must be made to perspire from four to five hours—not less than four hours. His clothes must be changed three, and (if corpulent or strong) four times. Warm the clothes well before changing, and while effecting a change do not let fresh air strike patient.

III.—AFTER PERSPIRATION.

When patient shall have well perspired from four to five hours, according to circumstances, remove covers, leaving only one sheet on patient if weather is warm, keeping the feet, however, well covered with a quilt or blanket. While giving clysters and foot baths keep apartment closed. If the weather is not cold or damp you may now open apartment so as to let a little fresh air circulate, being careful that patient is not in a current of air.

The fever lasts from twenty to forty hours, usually; sometimes, though rarely, from sixty to eighty hours. The pulse gives 100 to 120, sometimes 130 pulsations a minute. Do not be alarmed; keep patient in good spirits; keep him diverted, but do not fatigue him. Diversion contributes to a speedy cure.

Seven or eight hours after taking the fever the patient's tongue is spotted white, oftentimes black, on the centre, and is always encircled by a well-defined red girt.

IV.—WHEN THE FEVER CEASES.

As soon as the fever has subsided, and the pulse indicates sixty to seventy or eighty pulsations a minute—which happens at the end of about twenty hours—the patient must hasten to take, 1st, manna and senna; 2d, magnesia; 3d, peruvian bark and epsom salts; the *first* for ordinary cases; the *second* for weak patients, and the *third* for serious cases. These remedies are prepared and taken as follows:—

1st. Manna and senna: for an adult, three ounces of manna well stirred in a cup of hot milk or water (the milk preferable); add an infusion of senna leaves; mix the whole together, strain, cool a little, and administer at a single dose, or in two doses. For a child, give one to one and a half ounce of manna, and but little of the senna infusion.

2d. Magnesia: three teaspoonfuls stirred in a cup of tepid water or milk. Give in one dose.

3d. The most efficacious medicine of all: one ounce of pulverized peruvian bark (red) well stirred in a cupful of boiling hot water—stir and make a paste. In another cupful of boiling hot water, dissolve one-half ounce of epsom salts. Pour contents of both cups in an ordinary wine bottle, and fill the bottle three-quarters full of hot water. Shake well and long, until the elbow tires. Let cool and give a little wineglassful every quarter of an hour. When patient begins to purge, give two little wineglassfuls every half hour. "This," said Dr. Chérot, is *la médecine par excellence*."

As soon as patient has taken above remedies, give him orange-leaf tea, or if that does not suit his palate, continue to give him the lemonade.

If medicine No. 1 (manna and senna) does not operate in two hours, give medicine No. 2 (magnesia). Be quick, for fear that fever will return or vomiting will occur. When these medicines are being taken, clysters followed by foot baths are discontinued.

When patient has had two operations, give him a little soup made of sour sorrel, the yolk of an egg, a little butter (preferable to lard), use very little salt, and soak in soup a thin slice of bread. This soup strengthens and does not interfere with taking of medicines. After five or six operations, begin with quinine, twenty to twenty-five grains given in five-grain doses every hour. For a child twelve to fifteen grains, in three-grain doses every hour.

If patient suffers too much from pain in the pit of the stomach, give him gum water—that is, gum arabic dissolved in hot water. Give one teaspoonful every now and then. One of the most critical stages of the disease is when the pain in the pit of the stomach increases. You must encourage patient; make him drink often. The disease apparently becomes more violent, the patient weakens rapidly, but he is unconsciously getting better.

The above is the treatment in ordinary cases.

V.—RETENTION OF URINE.

Too much care cannot be taken on this point. Press questions: if patient feels pain in lower part of abdomen (a sure premonitory symptom of retention), friction the part every quarter of an hour, with camphorated oil. If retention prove obstinate, give pumpkin seed tea, or flax-seed tea, with one drachm of saltpetre for every five or six cups of the tea; and if patient is not perspiring, give him a warm hip bath (not higher than the navel). Leave patient in hip bath one-quarter to one-half hour. It is highly important to remove retention.

VI.—VOMITING.

The vomiting of bile, water, and glaires, at the outset of the disease, is a good sign. Give tepid water to favor, but not enough to provoke, vomiting.

Other vomiting of substance, bloody, and sometimes black, occurs in cases of relapse, or when fever has lasted too long, or because treatment has not been followed properly. Take peruvian bark pulverized (the red) one half-ounce, and put in an ordinary wine bottle three-quarters full of cold water. Shake well and long; let settle, and give one tablespoonful every quarter of an hour, and even oftener. Seven or eight doses usually suffice to check vomiting. After this, give the peruvian bark prepared with epsom salts as mentioned above. (See 3d, of No. IV.)

VII.—GANGRENE.

A thick, white and bloody coating of the inner mouth indicates the presence of gangrene. Administer the peruvian bark prepared with cold water (see No. VI) every quarter of an hour for half a day; then double the dose and give at intervals of half an hour, and finally every two hours. Purge patient every twenty-four or thirty-six hours, with the peruvian bark and epsom salts; then you may continue to give the peruvian bark with cold water, giving the doses further and further apart, until gangrene has disappeared.

Give emollient clyster, morning and night; administer the gum water; give a little soup; a little wine in a great deal of water—no pure wine—the least imprudence can cause death.

After giving the quinine, try and strengthen the patient with broth; a little wine in water—no cold water pure—nor pure wine; force patient to sit up and to get out of bed; do not

expose him in current of air, nor let him go out in the damp or in the sun. Although he may not feel well, do not purge him unless in a grave case, because it is important not to overtax the stomach, already much enfeebled. If a little fever return and go off, give ten grains of quinine in two doses. Under no circumstance must you give pure cold water, even during the first three or four days of convalescence.

VIII.—SPECIAL OBSERVATIONS.

Children must be forced to drink lemonade and take medicines. If necessary, stop up the nose and thus force them to drink. If threatened with attack of worms, give a little vermifuge. In all other respects treat them like adults, only give remedies in smaller doses.

Women.—If periodical complaint appear, that of itself is the best of remedies. In such a case, encourage flow by application of warm poultices on large veins inside of the thighs. Do not give lemonade and other remedies. Simply give orange leaf tea and the like harmless remedies. If the patient is one in a "delicate way," bolster head and stomach by means of pillows. No lemonade; orange leaf tea, but weak; foot baths, but not very warm; no clysters, except in serious cases, and then not frequent; manna, with not much senna, or simply magnesia, quinine, gum water; use great precaution during convalescence. Use same and greater precautions for women recently delivered.

IX.—IMPORTANT REMARKS.

1st. If patient throw up medicine or quinine, repeat the dose at once. If patient be very sick at stomach, or swallow with difficulty, apply mustard on pit of the stomach for a few minutes, or take a bandage, say one inch wide, dip it in cold water and apply under the chin, clear up to and under the ears.

2d. If patient does not eject first clyster at once, give a second, with Castile soap in it, and if that is not ejected, give a third, and then wait till the next regular time for giving clyster—say three hours.

3d. Stools are black and highly offensive to smell; are more difficult with women; you must act accordingly.

4th. Nursing must be attended to night and day, to see that patient is made to perspire well, to keep him covered, and to give him his medicines punctually.

5th. Except in rare instances, the disease

lasts three days. If disease has not been properly attended to, vomiting and other serious symptoms usually occur on the third or fourth day.

6th. Relapse is dangerous, and is occasioned, 1st, by exposing patient to air, or current of air; 2d, by his eating too much, or of things indigestible; 3d, by laying in bed too long; 4th, by fatiguing patient or allowing him to sit up late at night; 5th, by going out in the sun too soon.

7th. Convalescence is long and tedious; lasts from fifteen to twenty days. During convalescence, give barley water (*eau d'orge pelé*).

Do not let patient fatigue; and do not allow him to go out in the sun for ten or twelve days. Let him avoid excesses of all kinds.

CONTUSIONS OF THE EYEBALL.

BY WILLIAM B. MEANY, M.D.,

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CASE 1.—On the 22d day of February, 1878, Miss Katie H., aged 18, consulted me for a defect of vision, which she stated had been troublesome for the past two years.

I was unable at this time to make a satisfactory examination (ophthalmoscopic), owing to the condition of the patient (rheumatism). She stated that about two years ago the vision in the left eye became impaired, and has been gradually growing worse, until two months ago, when she was unable to perceive light. She does not complain of pain in either eye, or impairment of vision in the right.

February 27th. Being sent for, I found her suffering with severe pain in both eyes. A four-grain solution of atropia was instilled into the eyes. A pair of London smoked coquilles, to protect the eye from light, was ordered. The atropia drops to be continued three times a day.

March 1st. Left eye; no perception of light, iris normal, no conjunctival redness, cornea clear. Right eye; cornea clear, no conjunctival redness, iris normal, tension +1.

Ophthalmoscopic examination reveals in the left eye a complete detachment of the retina, with plastic retinitis. Right eye; hyperæmic disc, retinal veins large and tortuous, disc cupped, field of vision limited.

Enucleation of the left eye was suggested, with the assurance that the disease would be

limited in its effects to the right eye, and perhaps arrested; and if neglected renewed paroxysms would come on continually, until complete destruction of vision in the right eye ensued. The patient hesitated, desiring first to consult with members of her family, before submitting to an operation. Atropia drops discontinued.

March 15th. Chloroform was administered by my friend, Dr. Dudley S. Reynolds. A fold of the conjunctiva was pinched up with a forcep, near the corneo-scleral juncture, and cut through with a pair of scissors curved on the flat, the tendons of the recti muscles caught up with a strabismus hook and divided, the globe turned strongly outward and forward; the scissors were then introduced, closed, into the wound, on the nasal side of the eye, the blades being then separated, permitting easy division of the nerve. The globe was now brought out of the orbit, and the oblique nerves and vessels divided. There was slight hemorrhage, which was arrested by the application of ice water. A suture uniting the superior and inferior margins of the conjunctiva was introduced, a plug of wet cotton-wool inserted between the lids, and a compressive bandage applied.

March 17th. The dressings being removed, a slight suppuration existed, which succumbed very readily to a warm solution of salt water, and a five-grain solution of borax and carbolic acid.

March 22d. A mild grade of conjunctivitis appearing, with orbital neuralgia, and learning that the family physician had prescribed strychnia, this, on consultation, was discontinued.

March 25th. The right eye being free from irritation, it was considered necessary to paralyze the accommodation, in order to ascertain the exact state of vision in the remaining eye. For this purpose a four-grain solution of atropia was ordered to be instilled into the eye three times a day.

March 27th. The accommodation being fully suspended. $S + \frac{1}{30} = \frac{20}{xx}$. The patient is now quite comfortable, and is enabled to read the finest type with ease, the so-called sympathetic irritation having entirely subsided.

This is a case of great importance, in a clinical sense, showing the necessity of enucleation of blind eyes from persons in whom one sound eye remains, as a prophylactic measure.

Mr. Geo. Lawson* says: "The importance of

* "Diseases and Injuries of the Eye," p. 130.

removing, at an early period, an eye which has been so injured as to be useless, and which is exciting irritation in the other, or the inflamed remnant of a lost eye which is acting in the same prejudicial manner, cannot be exaggerated, for, though in the early stage of sympathetic ophthalmia the removal of the cause will, and generally does, cause its subsidence, yet when disease has thoroughly taken hold of the sound eye, even the removal of the lost one may fail to arrest its progress."

The operation of enucleation, as now practiced, is wonderfully benign, and if skillfully done, does not in the least interfere with the adjustment of an artificial eye, whose motility will be as perfect as if resting upon a shrunken globe.

We have, in this case, a typical one of the so-called "sympathetic ophthalmia," where the eye has been rendered useless by disease, and attended with inflammation of the uveal tract in the left, and exhibiting evidences of corresponding so-called sympathetic irritation in the right. A most happy effect was gained by enucleation, in arresting the irritation which threatened to develop into a destructive inflammation in the right eye.

CASE 2.—Miss Laura D., aged 20, was struck with the fist in the right eye, on December 10th, 1876. The blow was sufficient to knock her down, and caused great swelling of the eyelids, which disappeared in the course of a few days, leaving considerable discoloration of the skin.

On the 12th she had great pain and sense of heat in the eye, when she noticed, for the first time, that she was blind.

On the 15th I was consulted, and found all the rational signs of an ordinary iritis, with the anterior chamber filled with fresh-looking blood. No perception of light; tumefaction of the lower lid, with extensive chemosis. I ordered fifteen grains of quinine to be taken at bedtime, and ten grains each of calomel and chlorate of potash to be taken immediately. A four-grain solution of atropia to be dropped into the eyes every three hours, and smoked coquilles, to protect the fellow eye from the glare of light.

On the 18th she counted fingers at two feet. Ophthalmoscopic examination disclosed retinal hyperæmia.

On the 25th, vision = $\frac{20}{xx}$. There has been no trouble in the eye since that time.

CASE 3.—Jerry O'H., aged 48, received a contused wound of the left eye, December 25th,

1876. He complains of pain, with impairment of vision in the right eye. Ophthalmoscopic examination reveals a complete detachment of the retina in the left eye. Examination of the right discloses a hyperæmic disc, with some cupping, which was readily distinguished from the physiological excavation. Anterior chamber very large, the iris flat and tremulous, pupil contracted and acts sluggishly, no conjunctival redness, tension +, field of vision limited. Ordered a four-grain solution of atropia to be instilled into the eye, thrice daily. At the suggestion of enucleation of the left eye he disappeared, and I have not heard from him since.

CASE 4.—Miss V., aged 22; detached retina, left eye; on closely questioning, she stated that she was sleeping with an infant, when she was suddenly awakened by a blow received from the infant's hand; she paid no attention to the occurrence, but has noticed since that time a gradual impairment of vision. Left eye; perception of light only. Examination disclosed partial detachment of the retina, extending through the region of the yellow spot. Her eyes are free from pain, and she consulted me only for the impairment of vision. She has promised to return if pain should occur, or any impairment of vision, however slight, should be observed in the remaining sound eye.

CASE 5.—Michael F., aged 7 years; complete detachment of retina of right eye; lens dislocated and lies in the anterior chamber. This patient received a contused wound of the eye, by being struck with a hammer. I saw this case four months after injury. Right eye; no perception of light. Left eye appears normal. S = $\frac{20}{xx}$.

CASE 6.—Pat. McK., aged 21, undertook to drill out an old hole in a stone previously prepared for blasting; the charge exploded in his face, filling the eyes with dirt and powder. The conjunctival membrane was seriously contused, the corneæ abraded, the skin about the face and neck was filled with particles of broken stone and grains of powder. After removing all the foreign bodies from the eyes and skin the patient was sent to the St. Joseph's Infirmary. A solution of atropia and morphia was ordered as an anodyne collyrium, ten grains each of calomel and chlorate of potash administered, the patient directed to be kept in a moderately dark room, and not allowed to assume the recumbent posture, except when necessary for sleep. Forty-eight hours after-

ward the patient counted fingers with the right eye and had perception of light only in the left.

The cornea now being clear, a rent was observed running vertically through the retina of the left eye, about one line from the temporal margin; very near this, a little within and below, capillary hemorrhage had taken place in the vitreous chamber.

A general course of antiphlogistics was practiced. He now reads $\frac{20}{22}$ with the right eye, and has perception of light only in the left. The only pathological change now visible in this eye is an atrophic spot in the retina and choroid, at the point of injury, with a small fibrinous film, the remains of an old clot, projecting from the inferior margin of the wound. Every other part of the fundus seems perfectly normal, and the patient claims to have no perception of light, though it can be demonstrated that he sees objects.

Other cases might be added, but these afford sufficient variety of injuries to show their gravity and the necessity for early treatment.

REPORT OF THREE OBSTETRIC CASES.

BY N. B. KENNEDY, M.D.,
Of Hillsboro, Texas.

Case 1.—Nervous Exhaustion. Instrumental Delivery.

Mrs. H., multipara (mother of one child, born dead), aged about thirty. Came under my care March 24th, 1878. Found her in labor at full term; vertex to the left acetabulum; os dilated to the size of a dollar. Pains active, but labor advancing very slowly. The vertex was slowly brought down behind the symphysis pubis, where, under the most active pains, together with warm bath and morphia, it remained for twelve hours. Physical exhaustion now supervening, I determined on applying the forceps, and sent for J. S. Seefeld, M.D., to assist me, but the patient beginning to sink rapidly, I found I could not wait for the arrival of the doctor. Having anointed the soft parts of the mother, and my Hodge's forceps, freely with lard, and then ascertaining that the uterine walls had gone up over the vertex, I proceeded as follows: taking the left blade of my forceps in my left hand, passing the fore and middle finger of my right hand up as far as I conveniently could, between the left ischium and the child's head, holding the blade across the right groin in a direction from above down-

ward and inward, the point of the blade being near the vulva, into which I slowly and gently introduced it, the concavity of the blade being in contact with the convexity of the head, the handle coming down as the introduction proceeded, I now forced the handle downward, so as to press back the perineum a little, and handed it to a lady to hold. I now introduced the right blade in a reverse manner to introducing the left blade, and easily united the blades at the lock. Then when a pain came on I commenced to deliver the head by a lever-like rotary motion, following the line of Carus' curve; and allowing, as in natural labor, a few minutes' interval for rest, I had the happiness of seeing the head roll out from under the pubic arch; and another pain coming on, the labor was completed. She was delivered of a fine, healthy male child, and both mother and child did well.

Case 2.—Laceration of Cervix Uteri.

Mrs. P., aged 18, primipara; healthy and well developed; at the end of her term, and in labor. An examination *per vaginam* revealed an os dilated to the size of half a dollar, and a cervix uteri lacerated for two inches or more. A vertex presentation, the cranial bones very much relaxed. The pains came on at regular intervals, but with very little expulsive force. I gave the patient half a grain of morphia and a tepid hip bath; the pains ceased, and she had four or five hours good sleep. Pains returning at the end of eighteen hours, she was delivered of a dead foetus; the child had been dead long enough for putrefaction to have set in. I introduced my hand and removed the placenta and secundines. The secretions were very dark and quite offensive. And here, thought I, unless great care is used, will be a case of septicæmia. I placed her on good nourishing diet, had her body and bed clothing changed; had her room disinfected, and used a vaginal wash of three grains of carbolic acid to the ounce of water, and directed it to be thrown up to the os uteri three or four times daily. I also directed belladonna plasters to each breast, which arrested the secretion of milk at once. This lady had a good "getting up," and at the end of nine days was able to resume her domestic duties. I did not have an opportunity, after she got well, to examine the rent in the cervix uteri, but have every reason to believe it healed up.

Case 3.—Hour-glass Contraction of Uterus, with Placenta Entirely Adherent. Instrumental Delivery.

I was called, July 27th, 1878, to see Mrs. M., primipara; aged 35. Found her to be a healthy, well developed woman, and in labor. Having married late in life, her mother was fearful she would die in labor, and hence had her near me, so that she might be under my immediate care. Inquiry elicited the fact that she had gone to her full term. An examination *per vaginam* revealed the following condition: os soft and dilated to the size of a quarter of a dollar; vertex presentation, vertex to the left acetabulum; pubic arch very high and narrow; promontory of sacrum not very prominent. The pains gradually increased until morning. Finding it would be some time before labor would be completed, and having a large list of patients to visit, I gave the patient half a grain of morphia and ordered a warm hip bath, with a promise to return in the evening. Returned in the evening, to find the labor had been slowly advancing; the os dilated to half the size of the palm of the hand.

Remained all night with her, and in the morning visited my patients again and returned in the evening. Remained with her all night; pains very powerful; vertex behind the symphysis pubis, and the os fully dilated. The pains being very great, and the labor not advancing, I determined to apply the forceps. I sent for Dr. G. C. Middleton to assist me. After a consultation, we agreed to give her stimulating enemata, ginger toddy, and a moderate quantity of chloroform. After keeping the patient on this treatment for four or five hours, and the labor making no progress, I proceeded to apply the forceps, which I did precisely as in Case 1, and had the satisfaction of delivering her of a fine, healthy male child. Profuse and alarming hemorrhage coming on after the delivery of the child, I directed Dr. Middleton to introduce his hand and deliver the placenta. On introducing his hand into the uterus he detected an "hour-glass" contraction of that organ, with a completely attached placenta. He gradually, and with much difficulty, detached the placenta, and brought it, with the secundines, from the uterine cavity. He then introduced his hand the second time and turned out all clots. I then applied napkins wrung out of very cold water to the abdomen, and soon had the satisfaction of feel-

ing the uterus, through the abdominal walls, contracted into a hard, firm ball. The lady is improving fast, and is making a rapid recovery.

HOSPITAL REPORTS.

PENNSYLVANIA HOSPITAL.

CLINIC OF R. J. LEVIS, M.D.

Reported for the MEDICAL AND SURGICAL REPORTER by C. C. VANDERBECK, M.D., PH.D.,
Editor Philadelphia Druggist and Chemist.

Man; white; aged twenty-two. This patient has just been admitted into the hospital, and is said to have an injury of the elbow. Upon being questioned the patient revealed the fact that he was drunk last night, and while in that condition he fell and struck his elbow. He has suffered pain at this point ever since. In making an examination, to see if fracture exists, examine the ulna first, for, as this bone approaches the humerus, the muscular covering becomes more deficient, and it lies quite superficial, so that if fracture exists it can generally be readily detected. Nothing abnormal is found with the shaft of the bone. The usual symptoms of fracture of the elecranon process, such as inability to extend the forearm, a hollow at the back of the elbow, and a movable prominence at the back of the arm, do not exist. In examining the radius, which is seated deeper and covered with more muscular tissue than the ulna, one hand is placed over the head of the radius and the other hand grasps the hand of the patient. Rotation is then made. In this case nothing abnormal is found with the radius. In the treatment of this case of contusion of the elbow-joint cold applications are ordered to be applied, to be followed by the use of a bandage, for the purpose of keeping the joint at rest, and also to aid in giving it support.

Syphilitic Periostitis.

Girl, aged ten. This little girl has some of the symptoms of periostitis of the upper portion of the right tibia. She complains of deep-seated pain at this point, and by placing the hand over the part undue heat can readily be detected. The child is very anæmic and poorly developed. The lecturer states that when we find periostitis existing in a child of this age, without a previous history of some violence, it will generally be found that the child is scrofulous or syphilitic. The teeth of this child are found to be notched, especially the incisors of the upper jaw.

Treatment.—Free incision down to the bone. This accomplishes two indications—relief of the tension, and gives vent to pus. The after-treatment will consist in simply plugging the wound with carbolized lint, and the part supported with a few turns of the bandage.

The usual after-treatment of operations in this hospital is, free use of carbolic acid, es-

pecially carbolized oil, as it is called. After removal of a scirrhous cancer of the mamma, Dr. Levis had the wound cleaned out by a solution of carbolic acid in water. The parts having been brought together with the carbolized animal ligature, the nozzle of a small syringe is passed into the wound, and carbolized water pumped into it in sufficient quantity to distend the wound, and thus wash out all the clots that may have formed. It is undoubtedly true that imperfect closure is often due to the presence of clots. The strength of the injection used for injecting into wounds is as much of the crystallized acid as cold water will dissolve. As a still additional precaution in the case referred to, a layer of lint dipped in carbolized oil is laid over the wound.

Fracture of the Patella.

Good results are claimed for this fracture in this hospital. The patella will unite as readily as any other bone, if the fragments are kept in contact. The mode of treatment consists, first, of rest, then the use of Malgaigne's hooks, or Levis' modification of Malgaigne's. These hooks must not be used at first, until all inflammatory action has subsided. About a year ago, while using these hooks, Dr. Levis thought that single hooks could be used to better advantage than the double ones as originally employed by Malgaigne. The patella is not a symmetrical bone, but the manner in which the double hooks are made implies that it is. A more perfect adjustment of the fragments can be procured by the single hooks. These are made of steel, nickel-plated. They are attached to a long screw, and by turning this the hooks are made to approach each other. The hook must be secured in the lower fragment first, and this wants to be caught well below, in fact, almost underneath, the patella. The hook in the upper fragment is entered almost vertically, and connected with the lower hook by the screw.

Death from a Burn.

Boy, aged two years. The clothes of this little boy took fire yesterday afternoon. He was brought to the hospital soon after, and prompt attention was given him, but death occurred last evening. There was no destruction of tissue in this case, and had the boy lived he would not have suffered from any of the consequences of a burn, such as the formation of scars and the adhesion of contiguous surfaces. Burns are very common, especially in children, and at this time of the year. There used to be a ward in this hospital especially for the treatment of burns, and it was nearly always full of patients. An illustration of death occurring from the shock of a burn has lately been shown us here. A man fell into a vat of hot water; it was not scalding hot. He was able to walk to the hospital, but upon seeking admittance at the gate it was refused him for some time by the physician in charge, as the only thing that seemed to be the

matter with the man was an erythematous blush of the skin. He was admitted, however, and put to bed, and died in less than an hour afterward.

The lecturer takes occasion to remark that many of our modern surgical writers have ignored, very improperly, some of the divisions of burns which were made by some of the older writers upon the subject. Thus, Gross makes only two divisions. Dupuytren makes the best division; viz., into six degrees, according to the intensity and depth of the burn. 1. Erythema. 2. Cutaneous inflammation, with desquamation of the skin, and development of vesicles. 3. Destruction of a part of the thickness of the rete mucosum. 4. Total destruction of the skin as far as the subcutaneous cellular tissue. 5. Sloughing of all the superficial parts of the muscles. 6. Total carbonization of the whole thickness of the injured part.

Treatment of Burns.

If the epidermis has not been removed, mild antiphlogistic means should be used, as laudanum and lead water. If it has been destroyed, soothing ointments are very comforting to the parts, as oxide of zinc ointment; anything, however, that will prevent the contact of the air with the excoriated surface, and soothe the exposed nerve filaments, can be used. Internally, give anodynes sufficient to relieve pain, and stimulants to counteract shock and depression.

WILKESBARRE CITY HOSPITAL.

Recovery after Hip-joint Amputation for Removal of Osteocephaloma of Femur,

Performed at the Wilkesbarre City Hospital, by Dr. J. A. MURPHY, assisted by the Staff and R. A. KENNEDY, resident physician.

REPORTED BY R. A. K.

Martin T., aged 20 years, was admitted to the hospital, January 31st, 1878, suffering from an enlargement of the thigh, which, upon examination, proved to be encephaloid. Measurement of the tumor showed it to have attained a size of 28 inches in circumference, and in length 13½ inches. The history of the case developed the fact that the growth had been very rapid, extending over a period of (only) about nine months. Some time prior to the appearance of any signs of cancer, the patient had received a mine injury, at about the middle third of the femur, and from this point the enlargement first presented, progressing with the rapidity above indicated. At the time of his admission the condition of his general constitution was clearly apparent by the emaciated appearance he presented, so much so that it was questionable as to whether an operation would be justifiable. However, after consultation, he was put upon preparatory treatment, and amputation performed, February 5th. The operation was attended with but slight hemorrhage, having previously tied the femoral. The mass had be-

come unusually vascular, requiring more ligation than ordinarily. Dry dressing was resorted to, in the shape of borated cotton, and, although the shock was severe, upon the following morning patient was found to be bright; temperature about 102°, pulse 104. During the first week not much variation in temperature or pulse, at the expiration of which time secondary hemorrhage occurred; this being promptly attended to no bad effect followed; slight slough-

ing of the stump and the development of an extensive bed sore resulted, the latter proving more obstinate than the process of healing.

Constitutionally he was treated with chemical food, cod-liver oil and extract of malt. With nutritious diet, and the careful observance of hygiene, his improvement was rapid. Discharged during the month of June, presenting the characteristics of health, with no sign of a return of cancerous growth.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Forms of Consumption Peculiar to Age and Sex.

In an article on this disease, by Dr. J. E. Pollock, in the *London Medical Times and Gazette*, the author says:—

There are forms of disease belonging to certain ages. Acute tuberculosis, acute struma, the external glandular and joint affections, and the abdominal as well as pulmonary scrofulous affections, belong mostly to early life. So also phthisis originating in zymotic disease. Hæmoptysis is very rare in early life, and also extensive fibrous changes in the lung.

To early adult life belong ordinary progressive phthisis, catarrhal pneumonia, phthisis with hæmoptysis as an early symptom, the gastric and laryngeal complications, unresolved pneumonias and pleurisy originating phthisis.

To middle life belong the chronic single cavity, chronic basic disease, and that diffused deposit in the lung which I have described; so also the dust-impaction cases from mines, stone-dust, collieries and workshops; fibroid alterations of the lung associated with some of these conditions; and the more extreme instances of contracted side with displaced viscera and secondary dilatation of the larger bronchi.

In old age we find very chronic cavities, fibroid change, the chalky-gouty degenerations, and the combination of bronchitis, emphysema and phthisis. Old age, like childhood, is rarely subject to hæmoptysis.

As regards sex, the results of many thousands of observations have shown me some interesting facts. In males there are many more cases of phthisis at puberty; they are more subject to profuse hæmoptysis in the proportion of 267 to 84 females. An arrest of phthisis occurred in 45 males, but in 23 females only. Chronic dry cavity in 122 males to 84 females; chronic second stage in 147 males to 119 females; chronic strumous phthisis in 155 males to 130 females. In phthisis occurring after forty-five years of age, 174 were males and only one-third were females. The combination

of rheumatism, heart disease or gout with phthisis is more common in males, as 92 to 50. Slow senile phthisis in 100 males to 21 females. In females the first stage was observed to be more prolonged, and slight hæmoptysis is more frequent. The influence of pregnancy and lactation should be remembered in considering sex. Pregnancy appears to suspend phthisis, which is commonly precipitated after labor, but lactation accelerates it.

It is a common observation that hereditary cases do worse, as a rule, than phthisis which we call accidental—that is, disease acquired by habits or injurious influences, as trades, etc. Concentrated heredity, e. g., the intermarriage of two consumptive people, or the transmission through parents of hereditary disease from an ancestor on both sides, generally produces a rapid form of disease. Often, in childhood, tubercular disease of bone, glands, mesentery, brain, comes from this source; but if the individual lives long enough the lungs suffer. Again, forms of disease are transmitted, as very slow phthisis in parents and their children, of which I know many instances. There are families who cannot outlive a certain age, but die off, of phthisis, at twenty-one or twenty-five.

Vascular Growths of the Meatus in Women.

A case of this character is given by Dr. J. S. Warren, in the *New York Medical Journal*. He adds: This case, that of vascular growth at the meatus urinarius, is typical of one of the most painful diseases, and exists in women of all ages, but is most commonly found in those who are middle-aged or past the menopause. The growths are of all sizes and forms, varying from a slightly congested and hypertrophied condition of the mucous membrane of the canal to the size of a full grown raspberry, to which, indeed, it bears no small resemblance. It is generally situated at the meatus externus, and therefore readily discoverable by an ocular examination after separation of the labia, though not infrequently it is a little further distant within, and in such cases I have made use of

the ordinary ear specula for their detection and treatment. This tumor may be pedunculated or sessile in growth, is of a bright scarlet color, easy to tear and bleed, and, as a rule, exquisitely tender and sensitive to the touch; so that urination, coition, friction from clothing or from washing, give most intense pain and suffering. In some instances, however, when I have made vaginal and uterine examinations for other symptoms, I have found these growths yielding no painful sensations whatever; and from their history I have judged that they may exist a considerable length of time, until some exciting cause, as friction or disordered urinary secretions, makes them irritable.

The treatment for the removal of these painful growths is excision by the scissors, cauterization by the actual cautery, nitric or carbolic acids, the silk ligature and the snare—the one used for aural purposes is best adapted, and is especially useful when the caruncle is situated some little distance from the meatus; here, too, the ear specula or a glass tube is very useful for caustic application to the diseased portions of the urethra, for, when the growth is sessile in character, its complete destruction by a powerful escharotic, like nitric acid, or the actual cautery, is necessary.

The Exciting Causes of Asthmatic Attacks at Night.

In an article on asthma, in the *Medical Press and Circular*, Dr. J. B. Burkart writes—

The air of bedrooms, especially in the winter, proves, perhaps, the most frequent cause of the "nocturnal" asthma. Notwithstanding the diminished energy of all the vital changes during sleep, at least one thousand cubic feet of air pass every hour through the lungs and return from them charged with more than four per cent. of carbonic acid, and completely saturated with water vapor; and the expired air contains ammonia, probably from decayed teeth, or from particles of food decomposing in the mouth, also hydrogen, hydrocarbons, and sulphuretted hydrogen, which, in consequence of a faulty digestion, may diffuse themselves into the intestinal veins, and be eliminated by the breath. The products of perspiration and those derived from the combustion of candles, lamps, or gas, contribute in their turn to increase the insalubrity of the place. It is known that air which contains one per mille of carbonic acid is irrespirable, and its injuriousness is due, not so much, perhaps, to that gas itself—which, when pure, may without harm indeed be inhaled in a somewhat larger quantity than is then present—but to the organic substances which always accompany it. Yet even a slight excess of the pure carbonic acid causes turbulence, a sensation of heat and pricking in the conjunctival and respiratory mucous membranes, while, at the same time, it increases the cutaneous and mucous secretions. In the presence of organic substances, however, a much smaller quantity of it becomes highly irritative.

The inflamed mucous membrane of the respiratory tract seems particularly susceptible to its influence, and Hauke is led to conclude that the coughing fits of pertussis are traceable to that source. The manner in which the organic substances act is as yet obscure. If it were permissible to speculate on the subject, the dyspnoea which they undoubtedly produce may, perhaps, be attributed to the "oxysulphide of carbon," which, according to Radziewsky, arises from putrefying organic substances, and is widely spread in nature. Radziewsky himself, on inhaling oxysulphide of carbon, immediately felt a pressure on the head, a tendency to vertigo, and constriction across the chest; there was, moreover, the sensation as if the air-passages were obstructed. He soon, however, recovered, on exposure to the open air. Experiments on animals gave the same results, dyspnoea and great distention of the thorax. Now, however large a bedroom may be, a few hours' occupation of it will render it insalubrious in the manner just mentioned, unless the air be constantly renewed, to the extent of at least two thousand cubic feet per hour and person. How imperfect even such ventilation must be, as regards the removal of the gaseous impurities, in comparison to their dilution out of doors, is evident from the fact that here more than six millions cubic feet of air are available for the purpose. Unfortunately asthmatics, as a rule, adopt no measures for the supply of fresh air. They rely on natural ventilation, or persuade themselves, if this matter even receives their attention, that opening the door of the bedroom is all that is wanted. But the consequence of that neglect is that on account of the slow diffusion of gases the patients are surrounded by the noxious exhalations which they themselves produce. As the temperature of the room is raised by respiration, foul gases from kitchen sewers and other sources are thus attracted into the room more readily than fresh air. After several hours, the atmosphere becomes so vitiated that respiration is impossible; so that toward morning the patient is roused from his sleep by an attack of asthma, and he is forced to seek relief at the open window.

On Tedious Labors.

In an article in the *Transactions of the London Obstetrical Society*, Dr. G. Hamilton expresses the opinion that it is the length of the labor which especially proves hurtful to both mother and child. The first stage of labor should be little, if at all, interfered with, but its length should be a guide as to the second, which should not usually be allowed to be prolonged much beyond two hours, and even less when the first stage has been long and exhausting. The shortening of the second stage can be effected by supporting and pushing up the uterus over the head, or by the use of the forceps. If the head be high up the forceps should be applied, and when the head has been made to advance into the pelvis the instrument should

be taken off and the blades be reapplied over the ears. Anæsthetics or ergot should never be given in the first stage, and in the second stage as seldom as possible. The former should be used only near the close of labor, and the latter with a view of increasing the pains and thus bringing the head within reach of the forceps, or else at the close of labor with a view of anticipating a threatened hemorrhage. The application of forceps within the uterus should be avoided as much as possible, and this use of the forceps can often be escaped by assiduously pushing up the uterus with the fingers or hand, both anteriorly and posteriorly. In this way the application of the instrument is made easier, and the risk to the mother is lessened. Whenever the face is to the pubes it is to be remembered that rotation to the left is sometimes easier than to the right, owing to the fact that the occiput encounters the rectum when the face is turned to the right. In cases where a post-partum hemorrhage occurs, and suprapubic pressure and the emptying of the uterus of clots have failed, he advises the use of pressure and counter-pressure by the introduction of the right hand under the uterus, while the left is placed above the pubes.

How to Measure the Length of the Lower Limbs.

Dr. Henry Banga gives the following directions, in the *Chicago Medical Journal and Examiner* :—

The anterior superior spinous process of the ilium is carefully marked, on both sides, with ink or a colored pencil, while the patient keeps a horizontal position in bed. He then is directed to rise to his feet, and to assume as straight and natural a position as possible. Especially must both feet be brought into natural abduction, the heels touching, if possible, one the other. The practitioner, who is standing at a distance of from two to three yards before the patient, will at once recognize the shorter leg from the lower position of the corresponding spinous process. An assistant should then put pieces of wood, one-eighth of an inch thick, under the foot of the shortened leg, till the anterior superior spinous processes are on a level. The height of the wood block necessary to raise the lowered spinous process to the horizontal line designates the accurate amount of shortening.

If the practitioner should not trust his eyes in judging of the symmetry of the pelvis, he can establish a very simple level by placing between the patient and himself a table, whose edge will guide him in appreciating the horizontal relation of the marked processes, or he may resort to the instruments that stone cutters use in similar cases.

I hardly need add that the measure of the height of the pile of boards on which the shortened leg rests should be taken while the patient is standing on it.

I am satisfied that this simple method of measuring the shortening of the limbs enables

us to demonstrate very small differences, such as require no correction at all. Furthermore, if the measure is taken while the patient is erect, the full weight of his body forces the muscles and joints of the lower extremities to assume their natural position. We should thus be able to avoid the many errors to which Dr. Bartlett has called attention, as resulting from differences in adduction, abduction and flexion.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—Dr. M. Landesberg, of this city, has had printed at Cassel a study on cataract, entitled, “Zur Statistik der Linsenkrankheiten.” It is characterized by the same careful preparation as his other papers in ophthalmology.

—The Annual Address before the Society of the Alumni of the Medical Department of the University of Pennsylvania at its last meeting, has been printed. It is by Dr. W. A. B. Norcom, of N. Car., and his subject is “Defective Medical Education the Chief Obstacle to a Proper Appreciation of our Profession by the Public, and what our Alma Mater is Doing to Remove It.” It is a thoughtful address.

—The Case of Cholecystotomy, by Dr. Marion Sims, to which we referred a few weeks ago, has been republished in pamphlet form, from the *British Medical Journal*. We have a few copies from London. Price 50 cents.

—The American Medical College Association publish the minutes of the meeting last June. (Paper, pp. 10.) To be had of the Secretary, Dr. Leartus Connor, Detroit, Mich.

—A Curious Medico-legal Study, by Dr. Joseph Jones, has been reprinted from the *New Orleans Medical and Surgical Journal*. It relates to the detection of human blood, presenting the alterations characteristic of malarial fever, on the clothing of a man accused of murder. Not only did Dr. Jones pronounce the stains on the accused's clothing to be blood, and human blood, but the blood of a man who was suffering at the time of his death of malarial fever! Largely on this evidence the accused was convicted.

—The Minutes of the State Medical Society of Arkansas, at its Third Annual Meeting (1878), make up a pamphlet of 44 pages.

—Dr. L. McLane Tiffany, Professor of Operative Surgery in the University of Maryland, reports, in a reprint, the removal of a nasopharyngeal polypus by temporary depression of both upper jaws.

—The American College Directory, published by C. H. Evans & Co., 411 N. Third st., St. Louis, is a useful compilation, containing a list of all the leading schools and colleges in the United States. Sent free by the publishers, on receipt of 10 cents for postage.

BOOK NOTICES.

A Text Book of Operative Surgery, and Surgical Anatomy. By Professor Claude Bernard and Ch. Huet. Illustrated by eighty-eight plates, drawn from nature, and engraved on steel. Translated from the French and edited by Arthur Trehern Norton, F.R.S.C., Surgeon to St. Mary's Hospital, London, etc. 8vo, pp. 441. Published (in the United States) by D. G. Brinton, 115 South Seventh street, Philadelphia. Price, cloth, \$8.00; full leather, \$9.00.

Few names in contemporary medicine stand higher than those of the authors of this volume, and the translator and editor ranks among the most distinguished London surgeons. The completeness and finish of the work is what we might expect from such a combination of ability.

There are eighty-eight full-page plates, engraved on steel with consummate skill, each plate containing from five to ten separate figures, illustrating in a vivid manner the steps of all the usual operations in surgery, and the various most popular methods of each operation. The editor has not confined himself to the original text, but has added freely from the latest additions to the science of operative surgery, all that has important bearings on each operation, with special reference to those procedures which are in vogue at the present day.

Taking up the book at random, we open at page 303, where we find the operation for "accidental artificial anus." It is illustrated by a full-page plate containing seven figures. The descriptive text occupies eight closely printed pages. First, the pathological anatomy of the lesion is discussed, and the parts known

as the spur and the membranous funnel are explained and illustrated. Then follow the treatment and operations: first the palliative treatment by dilatation and tubing, then the curative treatment by obliteration. The complications which must be removed, and the preparative measures, are laid down, and the various operations described; that of Desault, by destruction of the spur; that of enterotomy, as practiced by Dr. Physick, of Philadelphia, in 1809; that of Dupuytren, as improved by Jobert; Vidal's method, by cauterization; Velpeau's plan, by excision; and Malgaigne's, by isolation of the bowel and a peculiar method of closing the external wound.

This example indicates the completeness of the work, and it is an entirely fair one. Thus ten pages are devoted to operations for hare-lip, with fourteen separate figures; while hernia has twenty-four pages of explanatory text, with twenty-five engravings, showing with the most desirable fidelity the anatomy, pathological, surgical, and theoretical, of the lesion, and the operations designed for its relief.

The scope of the work embraces the whole ground of operative surgery. The earlier sections are occupied with the operations of minor surgery, such as sutures, setons, cupping, scarification, and venesection. Then follow arteriotomy, and the operations for the ligation of all the principal arteries. Fifty pages are given to these subjects, and seventeen plates. Disarticulations, amputations and resections follow; then trepanning, operations on the eyelids, lachrymal apparatus, muscles and lenses of the eye (cataract, etc.) and on the ear. Hare-lip, staphylorrhaphy, goitre ligation, bronchotomy, etc., come next; then operations on the breast, abdomen, intestines, bladder, and urethra, including, of course, lithotomy, hernia, varicocele, catheterism, etc. Nearly sixty pages are occupied with the operations practiced on the genital organs of women. Tenotomy and club-foot are the concluding chapters.

The volume is moderate in size, and by the selection of a small but unusually clear type, the editor has been enabled to impart an extraordinary amount of detailed information on each of the numerous topics discussed. The number and exceeding fineness of the plates make the work one of the cheapest offered to the medical public. A few copies with all the plates exquisitely colored, are offered in leather, at eighteen dollars.

THE

Medical and Surgical Reporter.

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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ARSENICAL PREPARATIONS AS COSMETICS.

According to various reports in the daily papers, the use of arsenic internally as a cosmetic is largely on the increase in this country. It is stated that the drug is taken both to improve the complexion and increase the flesh. Its use is not confined to the *demi-monde*, but is averred to be common in all classes of society.

An inquirer who gives the result of his investigations in a city daily, states that a popular form of it is in an arsenical confection. He did not find this on sale in several drug stores he visited, but the clerks knew of it and offered to obtain it. He goes on to say:—

"With a single exception, some other preparation of the drug, solution or granule, was offered in all, with the assurance that it was 'quite as good' as the article inquired for. Fowler's solution is easily obtainable everywhere, as is also Donovan's and De Valangin's; but in their sale there is frequently some mild form of inquiry as to intended use—some pretense of compliance with the law regulating the sale of poisons. When the granules are

called for even that small formality does not seem to be generally insisted upon. A new preparation, a syrup of arseniate of iron, invented not long since in Paris, has lately been introduced; it is asserted that it possesses all the properties of arsenic without its toxic action. Arsenic and iron are antidotes for each other, but in this preparation they are combined, and it can be given freely in doses of one-tenth of a grain, although about fifty per cent. of it is arsenic. It is claimed that this arseniate of iron will produce all the good effects for which arsenious acid is taken, without entailing the horrible consequences to be feared from the use of the latter. It is hard to believe, however, that this can be the case, for the effect sought is not a healthful and natural condition, but a diseased one. Another arsenical importation is Barboule's arsenical water, and, by the way, all the imported Vichy water contains a trace of arsenic in solution. Barboule's water is recommended as having the same effects as arsenious acid granules, if taken in sufficient quantities; and, if so, must, of course, be expected to induce the same fatal consequences, if persisted in. A Baltimore firm sells large quantities of what they call "sulphide of arsenicum," by the use of which, they tell women, "your complexion can be made to rival the lily and the rose." It is to be taken internally, and the results promised from its use, leaving aside the advertisement flourish, are precisely those obtained from the use of arsenic in the earlier stages. Besides, the name avows it to be a preparation of arsenic. Notwithstanding all this it is advertised as "absolutely harmless," and the proprietors, in response to letters of inquiry about it, assure women that it "contains no arsenic."

This is a subject which deserves the close attention of the sanitarian. The physiological effects of arsenic are not so well known as they should be, in spite of the ample opportunities offered by the large consumption of the drug in health. The arsenic eaters of Styria are familiar to all, and there are various springs whose waters contain appreciable quantities of arsenic, which waters are drank freely by residents.

In this connection a series of experiments recently published by C. GIES, in the *Archiv für experimentelle Pathologie*, B. VII, merit attention. He fed some rabbits, cocks and pigs, for four months, on gradually increasing doses of arsenious acid. All the animals increased in size and weight, and the osseous growth was stronger. Where usually spongy bone substance is found, the animals showed a compact formation. The cortical portion of the diaphyses

was thickened. The fat was increased over the whole body, and on dissection was found well-marked in the structure of the muscles of the heart, in the liver, kidneys and spleen.

With increasing doses the characteristics of chronic arsenicism became evident; as subacute inflammation of the stomach, excessive hyperæmia of the skin, and marked fatty degeneration of the viscera. The females all aborted of dead fetuses, which also showed distinct signs of the toxic action of the drug.

One curious fact observed by GIES seems new, and has a very practical bearing. It was that animals in the same room with those fed on the arsenical food showed like changes in the bones and viscera, though to a less degree. This GIES explains by their absorption of the arsenic eliminated from the lungs and skin of their neighbors. What a prospect is this for the man whose wife is thus absurdly immolating herself on the altar of vanity! What danger it intimates for the infant whose nurse shares in this ambition to be beautified!

NOTES AND COMMENTS.

The Post-mortem Diagnosis of Nulliparity.

An interesting paper on this subject was read, at a late meeting of the London Obstetrical Society, by Dr. John Williams. The author pointed out that the conditions found in the uterus after death, and which were usually relied upon in coming to a conclusion as to parity or nulliparity, were insufficient, inasmuch as similar conditions of uterus might be the result of disease. He thought, however, that marks characteristic of previous pregnancy were to be found in the blood vessels of the uterus. The arteries, on section, in a fresh specimen, projected above the surrounding surface, their walls were of a whitish-yellow color and opaque, and their canals remained patent. On microscopic examination the three layers of the arterial wall were found to be thickened, and to present a marked contrast with those of the organ in the virgin state. The exact value of these appearances in the diagnosis of the previous existence of pregnancy could not, at present, be determined.

Berlin Treatment of Scarlet Fever.

In the last volume of the reports of the Charity Hospital, Berlin, Professor Henoch has an article on scarlet fever, in which he treats of the anomalies of its progress, its malignancy, complications and treatment. On the latter point he recommends, when stimulants are indicated, to employ cognac, coffee, camphor and musk. When swallowing is interfered with by the swelling of the fauces, he uses nutritive enemata and local hypodermic injections of camphor; *e. g.*—

R. Camphoræ pulv., 0.6 G
Alcoholis,
Aquæ destillat, aa. 5.0 G. M.

Sig.—Inject a syringeful.

When the pyrexia is marked, he employs lukewarm baths; cold baths he considers dangerous, as leading to collapse; but he is not afraid of cold sponging and the hydropathic pack.

Treatment of Chorea.

Prof. Germain Sée (*Union Méd.*, August 1) has but a very low opinion of the efficacy of drugs in the treatment of chorea. In the slight forms, he observes that treatment is well nigh useless, and we ought to content ourselves with prescribing sulphurous baths. When the disease has lasted a considerable time, and its subjects have become anæmic, the administration of the various tonics, and especially iron, is indicated. Finally, in very bad cases, we may have recourse to inhalations of chloroform, for the purpose of curbing the movements when these are very violent. Arsenical preparations also possess a certain amount of efficacy; but it is right to say, in a general manner, that chorea cures itself, and that the various modes of treatment which are resorted to exert little effect on its duration.

Paracotoin as a Remedy in Epidemic Cholera.

Prof. Baelz, of Tokio, Japan, contributes to the *Centrablatt* of July 6th an account of his striking success with this remedy in cases of malignant cholera. He administered it in doses of 0.2 gramme by hypodermic injection, suspended in equal parts of glycerine and water. The cure was prompt in five cases, all in which he used it, and the Japanese government has taken measures to provide a supply of the drug, in the event of another outbreak.

Poisons Developed by Putrefaction in Corpses.

A contribution of much importance to forensic medicine has been published at Bologna, this year, from the pen of Prof. F. Selmi, entitled *Sulle ptomaine od alcaloidi cadaverici*. He gives the name *ptomains* to certain alkaloids generated by the process of cadaveric putrefaction, which bodies yield very similar reactions to morphia, conia, delphinia, and other poisonous vegetable alkaloids. Instances are added where experts had proclaimed the presence of these poisons in corpses, and had testified, therefore, to death by murder, when, on further examination by Drs. Selmi and Vella, it was proven that the suspected substance was not of vegetable origin at all, but one of these ptomains. The grave nature of such an error is too manifest to need comment.

The Organs of the Sense of Space.

Further studies by Professor E. Cyon have led him to localize the organs of the sense of space in the semi-circular canals. The sensations which are brought to consciousness in each canal correspond to one of the three dimensions under which we are cognizant of space (length, breadth, thickness). What is known as vertigo is produced by a disturbance of the function of the semi-circular canals, the characteristic of this condition being a disturbance of the sense of space, or a conflict between the new sensations of space produced by this disturbance, and those to which we have been accustomed.

Vaccination in Syphilitic Subjects.

Dr. S. Pratt, in writing to the *British Medical Journal*, says:—

I should be obliged if you would record a fact that I have invariably noticed, but of which I have no recollection of having seen any mention made; it is, that it is quite impossible to get a well-formed vesicle in a congenitally syphilitic infant. I have, in numerous instances, vaccinated infants with fresh lymph from healthy sources, that had been previously treated for congenital syphilis, but were at the time of vaccination perfectly free from all eruptions or snuffles, or any outward signs of syphilis, but constantly with a negative result. Sores were formed, discharging an ichorous-like material, but no true vesicle was ever obtained; and, from the number of cases I have watched, I am in a position to state that it is an impossibility to obtain a true vesicle in a

congenitally syphilitic case. Whether the vaccination in these cases is protective I am unable to state, as I have never had the temerity to vaccinate another subject with lymph from such a source.

Action of Purgatives.

The Doctor says that Briger, experimenting by Moreau's method, finds that in all cases secretion is increased. There is not only transudation of fluid, but the contents showed that the intestinal glands had acted freely. This applies to neutral salts and to drastics. The latter, in full doses, produce inflammation. All excite peristalsis. Simple laxatives, viz., senna, rhubarb, calomel, aloes, gamboge and castor oil, seemed only to excite peristalsis, without increasing secretion. The loops of intestine in which they were introduced by their active movements spread the drug all over the mucous membrane, and the aqueous part of an infusion of senna was removed.

Algerian Remedy for Hydrophobia.

The Arabs of Algeria are said to treat hydrophobia successfully by administering, internally, some species of blistering beetles. In the French journal *Les Mondes*, M. Reiche states that the fragments which were sent him are those of coleoptera of the species *Meloe tucius* and *Mylabris tenebrosa*, belonging to the family of blistering beetles, and well known as powerful vesicants. Their congeners are common in France (and America), and possibly the same effect would be produced by cantharides.

Late Uses of Pilocarpine.

The nitrate and muriate of pilocarpine may be injected subcutaneously, in doses of one-quarter and one-third of a grain. Dr. Ortille finds it valuable in obstinate hiccup, Weber, in croup, and various writers, in dropsy. The action is much more certain and twenty times stronger than jaborandi. The effects are produced in from one to four minutes. Vomiting is sometimes produced. The temperature falls in some cases from 99.3° F. to 96.4° F., or even to 95.5° F. Sometimes there is pericardiac pain. No marked influence on the urinary secretion. The solution loses much of its action after being kept two or three days, therefore it should be made fresh when wanted. An injection of about one-hundredth grain of sul-

phate of atropine stops at once sweating and salivation. In ophthalmic medicine it has been employed in serous irido-choroiditis with diffuse opacity of the vitreous body.

CORRESPONDENCE.

Cause of Cholera Infantum.

ED. MED. AND SURG. REPORTER:—

Referring to an article in your issue of the 17th instant, by J. H. Nowlin, M.D., of Little Rock, Ark., I join hands with him in scouting at the notion that teething is the cause of cholera infantum, or that gum-cutting is beneficial to the little sufferers.

My own belief, justified by some twenty years' observation, is, that the prime cause of cholera infantum is the neglect of proper covering to the stomach and bowels; in other words, that "cold," so-called, is the cause. In no case where I have had sole professional care of infants has cholera infantum occurred. My invariable rule has been to continue the flannel bandage (similar to the one worn at birth) for at least two years, and after that a flannel shirt next the skin, lighter in summer, but real flannel always.

Those who have not tried the efficacy of flannel wraps to the abdomen in cases of obstinate cholera infantum, diarrhoea or dysentery, will be surprised at the comfort evinced by the patient, and themselves gratified to find the disease respond more quickly to their remedial measures.

As to gum-cutting, it is a relic of barbarism (excuse the apparent allusion to the tonsorial profession, who still claim it as their prerogative), and should be discountenanced. Never, since my "first case," have I practiced it, as I then saw that the tooth would not come through the "hole I made for it," nor the gum recede, let it "press ever so hard" upon the protruding tooth.

B. H. BAILHACHE, M.D.

Baltimore, August 17th, 1878.

Prussian Blue in Malarial Fever.

ED. MED. AND SURG. REPORTER:—

Through the suggestion of a friend of mine, of your city, I was led to the use of the above article in some stubborn cases of intermittent fever, more particularly that form termed "dumb ague or chronic chills." Now, after the use of it for several years, I have found it an efficient remedy, and have rarely been disappointed in being able to effect a cure. It must be given in pretty large doses, much larger than is directed in any of our books, to have this desirable effect, say ten grains three times a day. This amount, in my hands, has proved sufficient for an adult. In looking at the article chemically, we might fear using such large doses, but, after experience, I have seen nothing bad result from it whatever. Given in powder,

dropped upon the tongue and washed down with a little water, is the most eligible way of administering it. The taste is somewhat similar to that of powdered charcoal, and but few complain of it being unpleasant to take; in this way even children take it readily. Given in pilular form, a dose would make three pretty large pills; this amount having to be taken three times a day, we would find but few that would submit to it. Prussian blue, being a chalybeate, has the effect of that class of remedies, as well as that of an antiperiodic, and I find it to be most efficient in those cases where there is a "run down" or anæmic condition, and when a cure is effected it is more permanent than that from quinia. There are some cases where quinia will not make a permanent cure, even when given under the most approved plan, which, I believe, is, after the chills have been arrested by it, to keep them from returning by giving a full dose the day preceding the seventh, fourteenth, and twenty-first day following the last chill. Now, in these cases, where quinine has so failed, the ferrocyanide of iron comes in as just the thing.

W. L. MARTIN, M.D.

Rancocas, N. J., August 23d, 1878.

Treatment of Mammary Abscess.

ED. MED. AND SURG. REPORTER:—

Having noticed in the REPORTER, vol. xxxix, No. 6, the treatment of mammary abscess, by S. W. Gould, M.D., I feel disposed to add my testimony to the facts which he has so well stated.

For ten years past I have not had the unpleasant task of opening mammary abscess, where either chloroform, chloroform liniments, or the atomized sulph. ether had been freely applied to the affected breast, before suppuration had commenced; and I have known either application to give prompt and effectual relief, even after the patient was suffering from severe rigors. A very popular remedy here, with both regular and irregular physicians, is a composition of kerosene and camphorated alcohol, applied as a liniment. Very respectfully,

A. M. ARMSTRONG, M.D.

Coryell, Texas, Aug. 17th, 1878.

Another Advantage of Forests.

An English contemporary informs us that, in India much importance has been attached, in recent times, to plantations as preventives of cholera. It has been always observed that the villages in wooded districts suffer less than those in treeless plains. Many instances of this are given in the reports of Dr. Bryden, President of the Statistical Office in Calcutta, and Dr. Murray, Inspector of Hospitals. The Bavarian Forest Department has established meteorological stations, with special reference to forest culture, under the superintendence of Professor Ebermayer, of Aschaffenburg. He has published his first year's observations, which may be recommended to any one wishing to study the subject.

NEWS AND MISCELLANY.

American Association for the Cure of Inebriates.

The American Association for the Cure of Inebriates will hold its tenth annual meeting at Boston, Mass., commencing Tuesday Sept. 10th, 1878, at 10 A.M., in Union Hall. A very important meeting is anticipated.

Gallipolis, O., Medical Society.

At a meeting of this Society, Aug. 7th, the following officers were elected for the ensuing year: W. C. H. Needham, President; F. A. Cromley and D. G. Maupin, Vice Presidents; R. A. Vance, Secretary; W. S. Newton, Treasurer; Drs. Jacobs, Guthrie and Sanna, Censors.

Sanitary Report for Week Ending August 23d.

The following is the official report from the office of the Surgeon General of the United States Marine Hospital Service, Washington:—

NEW ORLEANS.—During the week ending August 23d there were 771 cases of yellow fever and 295 deaths, making, in all, 1673 cases and 534 deaths. During the twenty-four hours to noon yesterday there were 123 new cases and 40 deaths.

VICKSBURG.—At least 400 cases of yellow fever, from date of commencement, August 12th, to yesterday evening, and 69 deaths; 20 deaths during last twenty-four hours. Dr. Booth, in charge of the Marine Hospital Service at that port, telegraphs: "I am sick; impossible to procure accurate data."

MEMPHIS.—144 cases of yellow fever and 53 deaths during six days, to Friday evening.

CANTON, MISS.—First case of yellow fever occurred at Canton, on August 1st. To yesterday evening there were 18 cases and 8 deaths.

PORT GIBSON, MISS.—First case of yellow fever originating in Port Gibson, occurred August 3d, resulting in death August 8th. The disease began to spread August 14th. 118 cases and 9 deaths to yesterday morning.

CINCINNATI.—To yesterday evening no more cases of yellow fever had developed at Cincinnati since the two mentioned in the last report. The engineer of the steamer "Golden Rule" was admitted to hospital on the 22d instant, with yellow fever, and also one other case, probably yellow fever, from Memphis.

MORGAN CITY, LA.—One case of yellow fever August 21st; patient from New Orleans.

OCEAN SPRINGS, MISS.—Three cases of yellow fever and 1 death, all imported.

ST. LOUIS.—Four refugees died of yellow fever, at St. Louis, during the past week.

LOUISVILLE.—Four river boatmen suffering from yellow fever are under treatment in an improvised hospital, on the Marine Hospital grounds, admitted from steamers "John Porter,"

"Sunflower Belle" and "Golden Crown," on the 17th and 18th instant.

MOBILE.—The case reported as yellow fever, August 16th, is now officially announced as undoubtedly a mistake. Dispatches to 23d instant report good health.

KEY WEST.—No yellow fever for three weeks to yesterday evening.

GRENADA, MISS.—So many of remaining population stricken with the fever that definite information of number of cases and deaths could not be obtained.

Recent Views of Yellow Fever.

Dr. J. M. Woodworth, Surgeon-General U. S., Marine Hospital Service, has issued a circular to the officers of that service, containing some valuable suggestions on this epidemic. They are of such a nature that we believe our readers will gladly see them reproduced in this journal. He says:—

"* * * * The weight of scientific evidence seems to warrant the conclusion that yellow fever is produced by an invisible poison, capable of self-multiplication outside of the human organism, which it enters through the air passages. The poison germ, or miasm, is a product of the tropics. In this country, yellow fever has prevailed in most of the Gulf and Atlantic cities, and in many of the towns along the Mississippi river. In some instances it has been carried inland with the people fleeing from infected localities, but it has never shown a disposition to spread epidemically at points remote from the continuous water roads of commerce, or to lodge in high, salubrious places. The cities of the Great Lakes have always been free from the disease. Yellow fever cannot be said to be endemic in the United States, from the fact that in some years it does not appear, though the imported germ undoubtedly survives the mild winters. It appears to have about as much resistance of cold as the banana plant. When the banana stalk is killed down by the frost, the yellow fever does not recur until again imported. The germ is transmissible. It is capable of being transported in the clothing or personal effects of passengers and sailors, but its spread from one city to another is chiefly accomplished by vessels, their damp, filthy holds and bilge water being its favorite lurking places. Confinement, moisture, and high temperature favor the multiplication or virulence of the poison. When a wharf, or spot of ground, or a house, becomes infected, the poison at once commences to spread, creeping slowly in all possible directions, continually enlarging the area around the centre of infection, unless checked by disinfection, as has undoubtedly been done by the use of carbolic acid, in New Orleans, in former outbreaks.

Yellow fever is not communicated from the sick to the well; the sick and well being dangerous only as possible carriers of the poison germ or miasm. In support of this assertion it may be stated that at quarantine hospitals where the

effects of yellow fever patients are burned, or otherwise thoroughly disinfected before the admission of the patients, the attendants do not contract the disease. This has been demonstrated many times. All well persons whose effects have been disinfected may be considered harmless after six or seven days have elapsed from the time of leaving an infected district or vessel, as the period of incubation of the disease lasts from two to six days. This simplifies the question of quarantine—absolute land quarantines being deemed impracticable—and indicates the direction of preventive measures to the vessel, cargo, or the locality, if the poison have found lodgment on shore. A vessel may escape infection if kept clean and dry, and all parts capable of being closed are frequently subjected to the fumes of burning sulphur, and the men employed on board are compelled to bathe, and change their flannels daily, and not allowed to sleep on deck or in the hold of the vessel. There is an example of a ship trading between Havana and New York, upon which these precautions have been enforced for a period of twelve years, and not a single case of yellow fever has occurred on board. Though not sufficiently demonstrated to state as a fact, still there seems good reason to believe that much may be accomplished by individual prophylaxis—by the use, internally, of small doses of sulphate of quinia at regular intervals, and of tincture of iron and chlorate of potassa. As the poison enters the system through the air passages, it has been suggested that the nasal passages be bathed frequently with a solution containing quinine, to be applied by means of a nasal spray. JOHN M. WOODWORTH,
Surgeon General U. S. Marine Hospital Service.

Meeting of the British Medical Association.

The forty-sixth annual meeting of the British Medical Association, held this year in Bath, England, was opened on Tuesday, the 6th instant, with, as is usual now, a special religious service. This was held in the Abbey, a building well deserving of a visit on its own account, and the sermon was preached by the Bishop of Bath and Wells. The meeting of the Association has been thus far a very quiet one—and the list of papers supplied for the meetings of the sections is unusually short. The President's address, by Dr. R. W. Falconer, was largely taken up with a review of the history of the Association, and a sketch of the city of Bath as a sanitary resort. The address in medicine was by Dr. Henry F. A. Goodridge, on the pathology of fever. After a recital of the more recent but well-known results as to the share of the muscles in the production of the body heat, and as to the mechanism of heat regulation, he enters on the proper subject of his discourse, the explanation of the phenomena and mechanism of pyrexia; the experiments and conclusions of Professor Samuel, of Königsberg, and of Buss, of Basle, occupying a large share of his attention. The views of Burdon-Sanderson, based chiefly upon the experiments of Murri, of

Florence, which would make fever independent of alterations of the nervous system, but, from first to last, a disorder of the protoplasm of the living tissues, he agrees with Handfield Jones, in considering as untenable, more especially as the experimental results on which they are based have not, up to the present time, been repeated in the laboratory, or received any other confirmatory evidence.

The address in surgery was a review of the progress of that department of science, by Mr. C. G. Wheelhouse, F.R.C.S.

The Council of the Association, in making its report, said—"Many of the Branches have recently passed resolutions against the admission of women, and the continuance of the privileges of the present lady members; with regard to the first question, a by-law will be submitted to you; and with regard to the last, at the special general meeting, held at Birmingham, the subject was referred to the Committee of Council, and they were instructed to take counsel's opinion. This has been done, and the result has been laid before you in a special report, and at the meeting of Thursday, August 8th, the consideration of a new article, to exclude females from becoming members, will be submitted to you."

Seven eminent foreign physicians were elected honorary members; of these only one was from the United States—Dr. L. A. Sayre, of New York city.

Personal.

—On the 22d of July, in spite of great efforts of the clerical party to defeat Dr. Brown-Séguard, he was put first on the list, by 25 votes against 22 given to a clerical, M. Dareste. The last act was accomplished a week later, when a decree of the French Government was published by the official journal, appointing Dr. Brown-Séguard Professor of Medicine at the College of France.

—The death is announced of M. Foville, whose name is so well known on account of his researches on the anatomy of the brain. His studies on the structure and functions of the central nervous system were commenced during his residence at La Salpêtrière, where he worked under Rostan and Esquirol, and were continued during his charge of an asylum at Rouen, and at a later date at Charenton, where he succeeded his old teacher, Esquirol. In 1844 his *Atlas of the Anatomy of the Brain* was published.

Items.

—A Paris special to the *New York Herald* says the Pope is seriously ill, of cystitis.

—Fannie Burdette, or more correctly, Mrs. W. H. Bristol, is perhaps the smallest of living mothers, her height being only two feet eight inches, and her weight fifty pounds. She has been married two years and has lost one other child, stillborn. Her husband, formerly door-keeper to the circus with which Mrs. B. traveled, is of full size.